PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10814186

_		CLAIMS A										
_	·	CLAIMS	(Colum		(Column 2)			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			17					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		·	BASIC FE	E 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			/7 minus 20=					XS 9=		OR	X\$18=	
INDEPENDENT CLAIMS			Ø minus 3 = *			-		X43=		OR	X86=	
М	ULTIPLE DEPE	NDENT CLAIM F	PRESENT					+145=	1	OR	+290=	· · ·
• 1	f the differenc	e in column 1 is	less than z	ess than zero, enter "0" in column				TOTAL		OR	TOTAL	770
CLAIMS AS AMENDED - PART II									L		OTHER	
		(Column 1)		(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	01.4114	=		X43=		OR	X86=	
<u> </u>	FIRST PRESE	ENTATION OF M	ULTIPLE DEI	PENDENT	CLAIM			+145=		OR	+290=	
							L	TOTAL		ا _م ہا	TOTAL	
		(Column 1)		 (Colum	n 2\	(Column 2)	· A	DDIT. FEE			ADDIT. FEE	
		CLAIMS	<u> </u>	HIGHE		(Column 3)				1 r		
AMENDMENT B		REMAINING AFTER AMENDMENT	•	NUMBI PREVIOL PAID F	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=		X43= .		OR	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		İ	+145=		OR	+290=	
		,					L	TOTAL			TOTAL	•
		(Cal.,			0)		AE	DIT. FEE L		I)OIT A	DDIT. FEE	
	`	(Column 1)		(Column		(Column 3)	_					
AMENDMENTC		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	1,5-1-
ME	Independent	*	Minus	***		=	上	X43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A-0-		OR -	700=	
,	•h						1	145=		OR	+290≃	
11	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DIT. FEE	
T	tne *Highest Num he *Highest Numl	nber Previously Pai ber Previously Paid	d For IN THIS For (Total or I	SPACE is le	ss than is the h	3, enter "3." iighest number f		In the appr	opriate box		•	